Media-induced maladies

HERBERT BARRIE MD, FRCP
Consultant Paediatrician, Charing Cross Hospital, London

THE media and medicines have much in common. Used carefully and caringly, they confer great benefit. They also both have their side-effects and overdoses occur. The bliss of a little ignorance is better than too much health education or education of the wrong kind. A healthy interest in medical matters can all too easily merge into morbid curiosity. High street bookshops are stacked with medical information, expressly packaged for public consumption, and it is only right that it should be varied, topical and continually updated; but if saturation point has not already been reached, it cannot be far off.

Most of the information put out by the press, in books and on radio and television is the work of professionals and is responsible and restrained. Like all industries the media has its entrepreneurs, extremists, évangelists and cranks. The public is always eager to buy but is not always in a position to distinguish between good and bad. Moreover, even the best health educators have to accept the influence of market forces. The proprietor of a newspaper may be forgiven for being more interested in the circulation of his paper than the factual content of one or two medical articles. Television producers are perhaps more concerned with entertainment than with whether they are upsetting a few patients or their doctors. Not surprisingly, a few people get hurt and media-induced maladies are as apparent today as food poisoning.

The most common manifestations are worry and anxiety. It could almost be said that these are the luxuries of a media-addicted Western society. The many poor millions of the world, with more than enough legitimate cause for worry and anxiety, cannot afford such luxuries. Media-induced anxieties are rarely more than a passing nuisance to the doctor called upon for reassurance.

A more serious situation develops when patients on, say, an effective and widely prescribed anticonvulsant are confronted with a disturbing sensation seeking report in a newspaper to the effect that this drug is poisonous or deadly; they may stop taking it before getting proper advice. This type of report should always be thoroughly filtered first through responsible medical channels.

The converse is also true whereby patients, often with incurable diseases, read about a revolutionary new treatment in Russia or America and flock off in search of it at enormous expense, regardless of their doctors' advice. It sometimes happens that reputable doctors themselves disagree, in which case there may be a place for investigation by professional writers who specialise in health topics and who research their information conscientiously.

Such documentaries on asbestos, tobacco, herpes or lead are bound to worry some people but, thoughtfully presented, rarely cause patients to stampede to their doctors for the wrong treatment. However, the proper place

for bitter debates between doctors over technicalities is in medical meetings and journals and, as far as possible, the public should be protected from them.

The growing preoccupation with ethical issues is a case in point. Their very purpose is to generate worry. Worse still they encourage the growth of a defensive kind of medical practice, in which the best interests of an individual patient cease to be the primary consideration.

An example of this is a television programme about a severely handicapped newborn infant with abnormal chromosomes, a loud heart murmur and intestinal obstruction. The doctors, relatives and parish priest agree that to perform an operation would be wrong. To enlist the help of a social worker is to invite the risk of interference in the medical management, whereas to conceal the problem from the social services is to deny the family the support they may need. The danger of media medicine is in pressurising individual patients either to seek medical procedures they would do better without, or to avoid treatment they really need. Three very different recent examples readily spring to mind.

The Great Brain Robbery

On October 30, 1980, BBC *Panorama* televised its infamous programme with the title 'Transplants—are the donors really dead?'. This emotive title was undoubtedly calculated to draw viewers rather than reassure potential donors. The title conjures up in the imagination scenes of inarticulate patients with their backs to the camera reliving the moments of their deaths; catecholamine oversecreting junior doctors confessing to murder; and earnest pundits pontificating on the ineptitude of everybody else. In reality this programme was different. One important aspect was that the usual medical authorities for once were conspicuous by their absence, informed medical opinion apparently having been ignored, rejected, refused or so abbreviated as to be unrecognisable.

Four former American patients who had once been declared clinically dead were depicted alive and well. This experience was unreasonably extrapolated to Britain and linked to the unplugging of ventilators to provide spare parts for transplants while the patient still had a reasonable chance of recovery. The programme was ill-timed, almost coinciding with the release of a best-selling novel and X-certificate film about a chief of surgery who deliberately arranged for his colleagues' operations to go wrong in order to furnish a lucrative private practice in transplants with a steady supply of healthy young organs.

Needless to say, the *Panorama* programme left a trail of protest, antagonism and bad taste. It certainly did nothing to reassure viewers, the distressed relatives of patients on intensive care, or those recently bereaved. Potential donors reputedly tore up their kidney donor cards and in Bristol alone the number of renal transplants was halved in the immediate aftermath of the programme. Deserving patients on chronic renal dialysis who had been waiting for many years were once again disappointed.

The Royal Colleges, the British Medical Association and other responsible bodies were united in their condemnation of the programme. The public had a right to expect discussions on so sensitive an issue to take account of informed medical opinion and to go ahead without it was clearly irresponsible. Much needless anxiety could have been spared on at least two counts: the unfounded allegation that the British criteria of brain death were not reliable and the confusion of two totally separate issues, namely brain death and transplant surgery.

Most patients in coma are not potential donors and the few who are can easily be kept alive until all possible doubt is resolved.

The participation of reputable specialists would have clarified the fundamental differences between the American and British criteria and would have left the public not only wiser but more at ease. As an exercise in health education, it was not a success, nor was the unedifying dog-eating-dog wrangle some weeks later. It was not even good television.

Pestjahr, 1982

Pestjahr was the word coined by the late Dr Walter Pagel for the year Hitler came to power. It could as easily be used for the year the DHSS launched its campaign of terror promoting whooping cough vaccine. Whooping cough is a disease which unaccountably comes in four year cycles: 1982 was an epidemic year, as was 1978. In both epidemics, notifications topped around 65,000 in England and Wales, although marginally less last year, despite the relentless knelling of doom.

Notifications in the epidemic and intervening years had previously been much lower, but the uptake of pertussis vaccine had dropped to 30% in the early 1970s when the risk of neurological complications and misgivings about its effectiveness gave the vaccine a bad name. The formulation of the vaccine was therefore changed. The current vaccine is almost certainly safer and more effective and it seems likely that a higher uptake of vaccination for a few years could again bring down the notifications.

What follows, therefore, is not intended as an attack on the current vaccine or its manufacturers but on the crude shock tactics used on the public to promote it by the DHSS.

The campaign began sedately enough with an informative circular to doctors. If only it had continued in this vein it would have been exemplary. Regrettably, with the expected and unavoidable rise in notifications, the DHSS was suddenly galvanised into uncharacteristic hyperactivity. It would be interesting to know how and why the onslaught came to be shifted directly onto the public.

Whooping cough has long ceased to be a serious disease. It is eminently treatable and its mortality in this country has been negligible for over two decades. There were only two notified deaths in England and Wales in the whole of 1972 and only 13 in last year's much-publicised epidemic. They must be seen in the context of measles, which accounts for twice as many cases and four times as many deaths yearly.

Why the outcry about whooping cough when measles is the greater problem? We have an effective vaccine which confers protection for life and could rid this country of measles once and for all in a few years, as has been accomplished in the United States. There are more cot deaths in a week than deaths from whooping cough in a year, not to speak of the many perinatal deaths which could be avoided if the facilities were better. Why then the blunderbuss scaremongering over whooping cough?

A fusillade of memoranda, directives and bulletins was unleashed through the media. Having little else to write about since the end of the Falklands campaign, they were only too pleased to join the fray. After all, what is news if it is not bad news? Hardly a day went by without the latest whooping cough returns turning up somewhere. 'KILLER DISEASE STRIKES AGAIN' and 'EPIDEMIC CLAIMS NEW VICTIM' were typical headline messages. Battalions of health visitors and community doctors were thrown into the battle, as if vaccination could conceivably influence notifications or prevent the half-dozen deaths in babies who were too young to be vaccinated anyway. If the aim was to frighten parents out of all proportion, it succeeded, but the worst excess was still to come.

A pre-recorded phone-in service was installed by the DHSS to 'inform' parents about the vaccine. Anybody calling this number was greeted with a blood-curdling series of spasms of coughing, followed by a diatribe on the imminent dangers of brain damage, lung damage and demise. The message ended, like a bad commercial, with a high-pitched hysterical exaltation; 'If your child has not been vaccinated, do not delay. There is an epidemic. Get your child vaccinated now!'. This was followed by another paroxysm and what sounded like a last gasp.

At the height of the scaremongering, distraught mothers were telephoning me almost daily. There are over a hundred thousand babies under the age of three months in Britain. If the risks were as great as they were made out to be, what protection was proposed for infants under vaccination age? Some calls came from the mothers of children from whom pertussis vaccine had properly been withheld on sound medical advice. They were worried because they believed their children to be defenceless against a disease on the rampage. They were also worried that the contra-indications to vaccination implied that there was something wrong which they had not been told about.

The whole question of vaccine

damage and susceptibility to it is an unresolved inconsistency. Either the vaccine is 100% safe, in which case all normal babies can have it, or it is not, in which case we should not be afraid to say so. The exclusion of a significant number of outwardly normal babies on account of their birth or family histories appears to be a subconscious attempt to shift the onus of responsibility if something goes wrong to the vaccinator instead of the vaccine. A few calls came from parents genuinely worried about possible reactions but even more distressed by the accusations of community doctors or health visitors that their attitude was endangering other people's babies.

As an exercise in health education, the campaign was a mistake. I saw nothing informing the public, or for that matter family doctors, that whooping cough occurs as readily in adults as in children; that natural immunity is short and that the disease can be had repeatedly; that the symptoms of whooping cough can be caused by organisms other than *Bordetella pertussis*; that the vaccine can never be 100% effective or confer more than two or three years of protection; that it could not influence the disease in the community unless adults are vaccinated regularly too; that mild vaccine reactions are common, even if permanent brain damage is mercifully rare; and that to make such a fuss over whooping cough is not being realistic about more important problems concerning child health.

The one message to come across clearly, on a poster, was the awesome 'Whooping Cough is a Killer'. With 13 deaths and 65,772 survivors this is overstating the case. Nevertheless, television viewers were regaled with the sacrificial vaccinations of some Very Important Little Persons, whose sheltered existence might be expected to render a chance encounter with a *Bordetella pertussis* an unlikely eventuality. Just as the uptake of pertussis vaccine rose from 30% to a modest 45%, a red-faced DHSS ran out of supplies and the campaign of terror came to an abrupt halt. That it had been uncalled for and the cause of much anxiety is beyond dispute. The public should not have been brought into the debate, the whole campaign ought to have been conducted through the profession, and the time spent by countless family doctors and paediatricians on reassurance could have been put to better use.

Breast and beast

Picture the familiar scene in any labour ward today. Dangling at one end of the baby's waiting cot is a large crudely scrawled sign, which reads 'no milk allowed'.

Some of the mothers have other strong views on pregnancy and labour. They may be squatting on the floor, the room may be in darkness, there may be no foetal monitor and effective analgesia might have been left until it was too late. The demand on the cot by the mother symbolises an attitude of mind and an unrealistic sense of priority. A sensible mother would prefer to wait until she knows she has a baby who is alive, normal and well. This must be the first priority. She would also be loath to deny a patently hungry baby an occasional bottle feed.

These strange practices are in my view rarely in the interests of the baby. At least a few are harmed or lost as a result, so where do these implacable views come from? A commonly given pretext by the mother is a history of allergy somewhere in the family. In practice, the children who are destined to develop asthma or eczema do so regardless of how they are fed. It would be more sensible to stop the cleaners sweeping the floor, visitors bringing flowers, banish woolly vests and perfume and poison all pets. The fear of allergy is really just a put-up excuse.

For once, the media are not primarily responsible but have allowed themselves to become outlets for individuals and groups

for whom universal breast feeding is a religious crusade. In the countries of the Third World, breast feeding is a necessity. It is not the milk in the bottle which is dangerous, but the ignorance with which it is prepared and the lack of sanitation and clean water. Breast feeding in the Western World is for mothers and babies who enjoy it; there is no evidence that those who do not are in any way disadvantaged when reared on any of the current modified infant milks. But this is heresy to a crusader for whom any impact on Third World countries depends on Western mothers setting an example, as though this could influence poverty, malnutrition, lack of sanitation, illiteracy or voodoo.

Politically, it seems it is not enough to inform and help our mothers to breast feed. They must be frightened into doing so and the surest way is to attack and destroy the infant food industry until it no longer offers a possible alternative. Breast is best and beast is beast. Hence the sign at the foot of the cot. The milky crusaders of this world appear unable to extol the virtues of the one without denigrating the other and sowing deep-rooted guilt in their wake.

Every medical student can recite a long list of the advantages of human milk over cow's milk like a catechism. The fact that hardly any of these are relevant to the current modified baby milks is irrelevant. Few students are as well versed in the hazards of feeding fanaticism. Anxiety and depression are again foremost. Probably more fuss and bother is generated over the establishment of lactation than for any other reason in the first few weeks after birth. A vicious cycle is set up so that as the mother becomes more obsessional, the chances of successful lactation diminish. Only those who are not worried by the outcome are almost certain to succeed.

More psychological problems are in store when, 300 sleepless nights later, she tries to wean her breast-addicted baby off the comfort of the breast. In the neonatal period, hypoglycaemia, excessive weight loss and jaundice are potentially serious complications which, if nothing worse, delay the baby's return home. The same is true for premature and low birth weight babies for whom untreated human milk is nutritionally inadequate.

Some babies have lactose intolerance or other metabolic disorders for whom special milk substitutes are essential and the continuation of fanatic breast feeding could be fatal. Through posters, leaflets, books, classes, political lobbying and a relentless stream of propaganda, the media have allowed themselves to be used.

Prevention

There is no ready solution to the problems of media-induced anxiety, worry, guilt, deprivation or wrongful management. A Code of Information has been suggested but would be difficult to enforce in a free society. If there were such a code, less unsolicited health education from the media and more from patients' own doctors would be a worthy goal.

Further reading

DHSS (1977): 'Whooping cough vaccination'. Review of the evidence on whooping cough vaccination by the Joint Committee on Vaccination and Immunization, pp 38.

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